

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5600 E 16TH ST</b> <b>INDIANAPOLIS, IN 46218</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00160381.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and the Investigation of Complaint IN00155910 completed on October 30, 2014.</p> <p>Complaint IN00160381-Unsubstantiated due to lack of evidence.</p> <p>Survey dates: December 23 and 24, 2014</p> <p>Facility number: 000012 Provider number: 155029 AIM number: 100274900</p> <p>Survey team: Karina Gates, Generalist, TC Tom Stauss, RN Beth Walsh, RN (December 23, 2014) Angela Stallsworth, RN</p> <p>Census bed type: SNF/NF: 99 Total: 99</p> <p>Census payor type: Medicare: 14 Medicaid: 68 Other: 17 Total: 99</p> <p>Community Nursing and Rehabilitation Center was found to be in compliance with 42 CFR 483 Subpart B and 410 IAC 16.2-3.1 in regards to the</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 Investigation of Complaint IN00160381.  Quality review completed on December 24, 2014 by Cheryl Fielden, RN.	F 000			